



Millennium Petrochemicals Inc.
625 E. US Highway 36
Tuscola, IL 61953-7507
217-253-3311

RECEIVED

MAY 20 1997

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

May 16, 1997

Mr. Cory Protolipac
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Rd.
Springfield, IL 62706

Dear Mr. Protolipac:

Re: EPA Identification Numbers For High Schools

Millennium Petrochemicals Inc. has agreed to aid three local high schools in the proper disposition of obsolete hazardous chemicals from their science laboratories. Each of the schools have been assigned Illinois EPA ID numbers, however they do not have USEPA ID numbers. I have enclosed a Notification of Regulated Waste Activity for each of the schools. Please assign each of them a USEPA number.

If you have any questions or comments please call me at 217/253-3311, Ext. 428.

Very truly yours,

Holly Hirschert

Holly Hirschert
Environmental Engineer

HNH-088-97

Enclosures

cc: Christine Klemme USEPA

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

11LR000038497

II. Name of Installation (Include company and specific site name)

V I L L A G R O V E H I G H S C H O O L

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4 0 0 N S Y C A M O R E S T R E E T

Street (Continued)

City or Town

V I L L A G R O V E

State

Zip Code

I L

6 1 9 5 6 -

County Code

County Name

D O U G L A S

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

D O A N

B O B

Job Title

Phone Number (Area Code and Number)

P R I N C I P A L

2 1 7 - 8 3 2 - 2 3 2 1

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

V I L L A G R O V E C O M M S C H D I S N O 3 0 2

Street, P.O. Box, or Route Number

N S Y C A M O R E S T R E E T

City or Town

State

Zip Code

V I L L A G R O V E

I L

6 1 9 5 6 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

2 1 7 - 8 3 2 - 2 3 2 1

O

O

Yes

No

Month

Day

Year

Ch 5/21/97

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒

2. Corrosive (D002)

☒

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 6

D 0 0 7

D 0 0 8

D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
U 0 4 4
7

2
U 1 8 8
8

3
U 1 5 4
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Bob Doan, Principal

Date Signed

5-15-97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)